



Post to: - The Secretary
P.O. Box 488
Archerfield Qld 4108

Scan and email to: secretary@qwrc.org.au

Membership Application / Membership Renewal Form

A new form is required each membership (calendar) year to validate your insurance cover.
Applications received after 1 October each year expire 31 December of following year

Please complete all details

Surname.....

First Name.....

Date of Birth.....

Residential Address.....

.....Postcode.....

Postal address.....

.....Postcode.....

Shire in which you reside.....

Telephone (H) (.....).....

(Mob)..... (W).....

Email.....

Group Name [if applicable]

All newsletters and correspondence will be sent to your email address. Please tick the box below to receive RnR by post.

I wish to receive my RnR by hard copy.

I, the above named, understand and agree that my name and contact details will be stored on a member data base by QWRC for its use and may be circulated to all other members of QWRC around the state. I further understand that these details will not be sold for any purpose.

Signed.....Dated.....

Annual (1Jan-31Dec) Membership AU\$20

Payment options

I enclose Cheque / money order for \$..... made payable to QWRC.

Or

Direct Deposit to the QWRC bank account at WBC

BSB No 034 063 Account number 549477

Please use your surname as a reference for this transaction